

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>Received by (Printed Name) <i>David Mack</i> C. Date of Delivery <i>11/3/11</i></p>	
<p>1. Article Addressed to:</p> <p><i>David Mack</i> <i>7720 McCaleb Blvd</i> <i>No. 2099</i> <i>Dallas Tx 75252</i></p>		<p>U.S. DISTRICT COURT EASTERN DISTRICT OF TEXAS NOV - 7 2011 DAVID J. MALANDRINO, CLERK 4-11cv343/344 [49] [50]</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7010 2780 0000 9134 9148</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	